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# FEES TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 765.00)

## Complete if Known

Application Number	10/026,420
Filing Date	December 18, 2001
First Named Inventor	Mike Levanduski
Examiner Name	S. Kaushal
Art Unit	1636
Attorney Docket No.	04172/000K523-US0

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  
 Deposit Account  None

Deposit Account Number

04-0100

Deposit Account Name

Darby &amp; Darby P.C.

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  
 Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17  
 Credit any overpayments

To the above-identified deposit account.

 Other (please identify): \_\_\_\_\_

## FEE CALCULATION (continued)

## 2. EXTRA CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20	18	9
Each independent claim over 3	88	44
Multiple dependent claims	300	150
For Reissues, each claim over 20 and more than in the original patent	18	9
For Reissues, each independent claim more than in the original patent	88	44

Total Claims      Extra Claims      Fee (\$)

- 20 or HP =      x      =  
HP= highest number of total claims paid for, if greater than 20

Indep. Claims      Extra Claims      Fee (\$)

- 3 or HP =      x      =  
HP= highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims      Fee (\$)

Fee Paid (\$)

Subtotal (2) \$ 0.00

## 3. OTHER FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid
1-month extension of time	110	55	
2-month extension of time	430	215	
3-month extension of time	980	490	
4-month extension of time	1,530	765	765.00
5-month extension of time	2,080	1,040	
Information disclosure stat. Fee	180	180	
37 CFR 1.17(q) processing fee	50	50	
Non-English specification	130	130	
Notice of Appeal	340	170	
Filing a brief in support of appeal	340	170	
Request for oral hearing	300	150	
Other:			

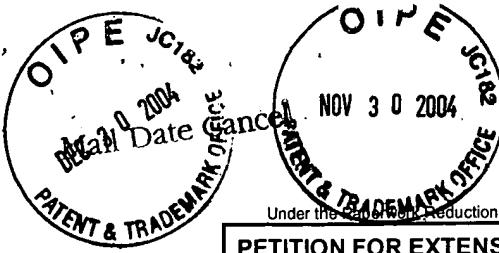
Subtotal (3) \$ 765.00

## SUBMITTED BY

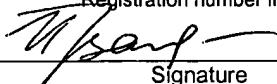
Signature		Registration No. (Attorney/Agent)	48,008	Telephone	(212) 527-7634
Name (Print/Type)	Irina E. Vainberg, Ph.D.	Date	November 30, 2004		

Express Mail Label No.

Dated: \_\_\_\_\_



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> (fees effective on or after October 1, 2004)		Docket Number (Optional) 04172/000K523-US0																								
Application Number	10/026,420	Filed December 18, 2001																								
For PLURIPOTENT STEM CELLS DERIVED WITHOUT THE USE OF EMBRYOS OR FETAL TISSUES																										
Art Unit	1636	Examiner S. Kaushal																								
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table border="1"> <thead> <tr> <th></th> <th>Fee</th> <th>Small Entity Fee</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$110.00</td> <td>\$55.00</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$430.00</td> <td>\$215.00</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$980.00</td> <td>\$490.00</td> <td>\$</td> </tr> <tr> <td><input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$1,530.00</td> <td>\$765.00</td> <td>\$ 765.00</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$2,080.00</td> <td>\$1,040.00</td> <td>\$</td> </tr> </tbody> </table> <p> <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  <input type="checkbox"/> A check in the amount of the fee is enclosed.  <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-0100</u>. I have enclosed a duplicate copy of this sheet.         </p>				Fee	Small Entity Fee		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110.00	\$55.00	\$	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$430.00	\$215.00	\$	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980.00	\$490.00	\$	<input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,530.00	\$765.00	\$ 765.00	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,080.00	\$1,040.00	\$
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<p>I am the <input type="checkbox"/> applicant/inventor.  <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.            Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>48,008</u>  <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).            Registration number if acting under 37 CFR 1.34(a) _____.         </p> <p>             Signature _____         </p> <p> <u>Irina E. Vainberg, Ph.D.</u>            Typed or printed name _____         </p> <p> <u>November 30, 2004</u>            Date _____         </p> <p> <u>(212) 527-7634</u>            Telephone Number _____         </p>		NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.																								
<p><input type="checkbox"/> Total of <u>1</u> forms are submitted.</p>																										

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765.00 0P

Express Mail Label No.	Dated: _____
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